

Candidate Application for SAC Credential Prep Course



About the Candidate

Candidate Name	Best Phone	Email Address
Home Address (Street, City, State, Zip)		
Program Name	Program Address (Street, City, State, Zip)	
Job Title / Role	Do you work directly with children? Yes No	Number of children:
		Ages of children:
High School Graduate Yes No	GED Yes No	Additional Education: Major Field of Study
	Are you employed outside child care? Yes No If yes, where?	Do you supervise other staff? If yes, how many staff?

Candidate's Supervisor approves and supports taking this course: _____
Signature

About the SAC Credential Prep Course (May be completed after course has begun)

SAC Credential Prep Course start date: _____ SAC Credential Manual date at beginning of course (filled in by Instructor): _____
 Anticipated course completion date: _____ Advisor: _____
 Instructor: _____ Advisor email: _____

Copy this application for Advisor and retain a copy to include with Request for Visit on completion of coursework.

About the Program

Affiliate Organization/Sponsoring Agency: _____

Program Registration/License Number: _____
(if applicable)

Program Schedule:

- School-Year Only
- Year-Round
- Special Summer Programming

Is the program based in a school?

Does program have access to: (check all that apply)

- Cafeteria
- Gym
- Outdoor playground/playing fields
- Kitchen access for staff
- Kitchen access for children (OCFS approved as per floor plan)
- Classrooms
- Other

Is the program based in a child care center?

Does program have access to: (check all that apply)

- Dedicated classroom for School-Age
- Shared classroom space (with whom?)

- Indoor gross motor space
- Outdoor gross motor space
- Kitchen access for staff
- Kitchen access for children (OCFS approved as per floor plan)
- Other

About the Program (continued)

Is the program based in a community center?

Does program have access to: (check all that apply)

- Dedicated classroom for School-Age
- Shared classroom space (with whom?)

- Indoor gross motor space
- Outdoor gross motor space
- Kitchen access for staff
- Kitchen access for children (OCFS approved as per floor plan)
- Other

Is the program based in another type of site?
Please describe:

Does program have access to: (check all that apply)

- Dedicated classroom for School-Age
- Shared classroom space (with whom?)

- Indoor gross motor space
- Outdoor gross motor space
- Kitchen access for staff
- Kitchen access for children (OCFS approved as per floor plan)
- Other

About the Program's Funding

Is the program a privately owned enterprise funded through:

- Parent fees and subsidies
- Grants
- Other

Is the program a public non-profit organization funded through:

- Parent fees and subsidies
- Grants
- Other

Does the program receive special funding that dictates the type of programming offered, such as:

- 21st Century
- Advantage Afterschool
- Out of School Time (OST)
- Other (Please describe)

Meals and/or snacks are provided to children through:

- CAFCP
- School supplied
- Program supplied
- Other

About the Program's Community

Is the program's community:

- Rural
- Suburban
- Urban

Are there conditions that interfere with safe daily outdoor play? Please describe:

What are the principle languages spoken by children and staff?

Signature

I certify that the information provided is accurate and true.

Signature _____

Date _____

Return to:

**Please return with \$100 registration fee (pays for books and is deducted from overall tuition fee) to:
AfterSchool Works NY
91 Broadway
Menands, NY 12204**